

## ICD-10-CM Coding for COVID-19 V2

Note: V2 Updates are in italic print.

### **Effective date of service on or after April 1, 2020**

A new code was developed by the World Health Organization, code **U07. 1**, for COVID-19. This is a primary code or first listed diagnosis followed by any manifestations/symptoms of the disease. The new code, U07.1, should be reported for confirmed cases and presumptive positive test results.

**Sequencing:** When COVID-19 meets the definition of principal, code U07.1, COVID-19, should be sequenced first, and followed by the appropriate codes for associated manifestations (Exception Obstetrics). However, if COVID-19 develops after admission and does not meet the definition of principal or first-listed diagnosis, then code U07.1 should be used as a secondary diagnosis.

**Grouper Version 37.1**, effective April 1, 2020 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software> will need to be loaded into the agency's EHR to allow for coding of the new U07 category.

### **Chapter 22**

#### **Codes for special purposes (U00-U85)**

#### **Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)**

Add Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology. U07 Conditions of uncertain etiology

New code **U07.1 COVID-19**

Add Use additional code to identify pneumonia or other manifestations.

Add Excludes1: Coronavirus infection, unspecified site (B34.2)

Add Coronavirus as the cause of diseases classified to other chapters (B97.2-)

Add Pneumonia due to SARS-associated coronavirus (J12.81)

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf> **Download Guidelines**

### Examples

When a patient experiences a respiratory related condition confirmed as due to COVID-19, code the U07.1 code followed by the respiratory illness.

Example1: Lower respiratory infection

U07.1 COVID-19

J22, Unspecified acute lower respiratory infection

Example2: Pneumonia due to

U07.1 COVID-19

J12.89, Other viral pneumonia

Example 3: Acute bronchitis due to

U07.1 COVID-19

J20.8, Acute bronchitis due to other specified organisms

**Suspected Exposure COVID-19** - If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Assign a code which explains the reason for the encounter (such as fever) or code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

**COVID-19 Possible Exposure Ruled Out** – *When patient is asymptomatic and there is a possible exposure to COVID-19 and the patient tests negative for COVID-19; code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out. This code may only be used if the patient has no signs of symptoms.*

**Confirmed COVID-19 Exposure** - *For cases where there is a known or suspected exposure to COVID-19, and the patient is exhibiting signs/symptoms associated with COVID-19, and the exposed individual either tests negative, inconclusive, or the test results are unknown, assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.*

**Asymptomatic Individuals who Test Positive for COVID-19** - For asymptomatic individuals, who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

**COVID-19 Test Positive** – *If test results are positive, code U07.1 COVID-19.*

**Patient tests negative but provider documents COVID-19** – If test results are negative & the provider still documents COVID-19, the Official Guidelines for Coding and Reporting for COVID-19, “Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, “confirmation” does not require documentation of the type of test performed; the provider’s documentation that the individual has COVID-19 is sufficient. “

**Obstetrics** For information on COVID infection for pregnancy, childbirth & puerperium please see official guidelines.

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**For COVID-19 cases with dates of service February 20, 2020 - March 31, 2020**

Coding instructions for coding COVID-19 and related conditions are as follows:

*Examples*

When a patient experiences a respiratory condition related (due to) COVID-19; code the respiratory condition first followed by B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Example1: Lower respiratory infection

J22, Unspecified acute lower respiratory infection

B97.29, Other coronavirus as the cause of diseases classified elsewhere

Example2: Pneumonia due to

J12.89, Other viral pneumonia

B97.29, Other coronavirus as the cause of diseases classified elsewhere

Example 3: Acute bronchitis due to

J20.8, Acute bronchitis due to other specified organisms

B97.29, Other coronavirus as the cause of diseases classified elsewhere